

"On The Wilder Side" Registration Form 2011

Circle one:

Session I: July 5 – 8 (pro-rated)

Session II: July 11 – 15

Session III: July 18 – 22

Session IV: July 25 – 29

Session V: August 1 - 5

Cost: \$200.00 (city resident)

\$225.00 (non-city resident)

Make Ck. Payable to: **Next Level Adventures**

Participant Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Place of Birth: _____

Gender: _____ Grade: _____

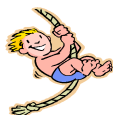
Current
School: _____

Parent/Guardian
Name: _____

Phone Number: _____

Cell Phone Number: _____

Email : _____



Springfield Department of Parks, Buildings & Recreation Management & Next Level Adventures

Recreation Office Telephone

787-6435

Next Level Adventures Telephone

530-1301

Ethnicity:

Circle One

White/Caucasian (Non Hispanic)

Hispanic/Latino

African American

African American & Hispanic

Caucasian & Hispanic

Asian

Other: _____

Home Language: _____

Family Size: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Participant Pick Up Information

Please list all people who are able to pick up student
(18yrs or older)

Participants will not be released to any individual not listed on this form. Please notify program staff in writing, of changes in pick up information.

Medical Information: _____

Please send in copy of latest physical. (Must be within one year of dates attending program)

How did you find out about program?

___Website ___Flyer ___Friend

___Past ___Newspaper ___ Other
Participant

Permission Form

Parent/Guardian Permission:

My child has permission to participate in activities provided by agencies participating in the Enrichment Program. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards arising out of my or my child's participation in this program, and I agree to release, indemnify and hold harmless the City of Springfield, its officers, officials, agents and employees, from any and all claims, demands, losses or liability, for property damage, personal injury, disability, death, or otherwise, related thereto. I hereby waive and release any claims that arise out of a decision to authorize medical/surgical treatment, and indemnify and hold harmless those agencies or organizations providing activities for this Enrichment program from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures. YES NO

Signature: _____

Date: _____

